

**JIBC**

JIBC APPLICATION FOR OUT OF JURISDICTION OCCUPATIONAL FIRST AID CERTIFICATION LEVEL 2 OR LEVEL 3

Health Sciences Division – Paramedic Academy
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster, BC V3L 5T4
Email: emr@jibc.ca

APPLICANT INFORMATION				
Last Name:		First Name:		Middle Name:
Address:		City	Province:	Postal Code:
Phone Number:	Cell Number:	E-mail Address:		
Date of Birth: YYMMDD	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	JIBC Student ID (if known): PEN Number (if known):		
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International <input type="checkbox"/> Permanent Resident				
Do you identify as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered yes, do you identify as: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		
Are you <input type="checkbox"/> Status or <input type="checkbox"/> Non-Status?				

OFA2 – (First Responder - Schedule 2) OFA3 (EMR, PCP, ACP, CPC)

REQUIRED DOCUMENTS	Please email the below documents to emr@jibc.ca
<ul style="list-style-type: none"> Registration & Application for Issuing Occupational First Aid Certification Out of Jurisdiction jurisprudence package (Exercises 1-3, pages 7-26) Copy of Identification (driver's license, etc.) Verification of ID (in person, ID Validation Form, Facetime, WhatsApp, Zoom) EMALB License OFA Statement of Fitness EMALB License Validity Letter (not in shortfall) 	

PAYMENT METHOD	
Application Fee: \$70 Application will not be processed until payment (non-refundable) is received.	
<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Cheque	
Credit Card Number:	
Name on Credit Card:	
Expiry Date (MM/YY):	CVV: